

A Child At Heart Therapy LLC

Child Intake Form

Child's Information:

Name _____ Date of Birth _____ Age _____

Name preferred to be called _____

Street Address _____ City _____ State _____ Zip Code _____

Parent Name _____ Parent Name _____

Occupation _____ Occupation _____

Contact Number _____ Contact Number _____

Email _____ Email _____

Number of Siblings _____ Place in family (i.e. oldest/youngest) _____

Sibling Name _____ Age _____ Grade _____

Sibling Name _____ Age _____ Grade _____

Sibling Name _____ Age _____ Grade _____

Sibling Name _____ Age _____ Grade _____

Divorce: Yes/No
If Yes, when? _____

Was the Divorce hostile? Yes/No Explain: _____

How is the custody divided? _____

Is either parent remarried? Yes/No Who? _____ When? _____

Step Brothers/Sisters? Yes/No

Type of Discipline used at home: _____

Who gives out the discipline: _____

Education:

School

Grade

Repeated any grade? Yes/No

Skipped any grade? Yes/No

Special Education (IEP)? Yes/No

504 plan? Yes/No

If yes how did your child qualify?

If yes how did your child qualify?

I believe my child is good at: ____ Math ____ Reading ____ Writing ____ Science
____ Social Studies ____ Making Friends ____ Focus/Attention ____ Rule Following
____ Homework ____ Behavior Other _____

I believe my child struggles with: ____ Math ____ Reading ____ Writing ____ Science
____ Social Studies ____ Making Friends ____ Focus/Attention ____ Rule Following
____ Homework ____ Behavior Other _____

School Difficulties? (i.e. Bullying, attention/focus, friends etc) _____

Extra Curricular Activities/Sports/Hobbies _____

Health:

Does your child have any medical conditions? Yes/No Explain: _____

What medications is your child taking? _____

How many hours does your child sleep? _____

Bedtime _____ Wake up at _____

Does your child eat well or are they a picky eater? _____

When was your child's last physical? _____

Any Health related concerns? _____

Character:

Check All That Apply: The following describes my child:

____ Happy ____ Angry ____ Sad ____ Easily upset ____ Calm ____ Outgoing

____ Shy ____ Talkative ____ Quiet ____ Leader ____ Follower ____ Dramatic

____ Organized ____ Messy ____ Obedient ____ Challenging ____ Curious

____ Humorous ____ Timid ____ Responsible ____ Respectful ____ Easily Distracted

____ Artistic ____ Creative ____ Athletic ____ Enjoys School ____ Nervous

Other _____ Other: _____

Has your child/family been in counseling before? Explain: _____

What is your goal for your child with counseling? _____

Any other Information you want to add _____

q2w